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22852 75	90 03/10/2006	_		have its own certificat	e of mailing or	transmission.	
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		No.	PADEMART		-		(Date)
APPLICATION NO.	FILING DATE	F	IRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/912,398	07/26/2001	· Ryoichi I		i	04329.2612		5029
TITLE OF INVENTION: METHOD AND SYSTEM FOR PRODUCING SEMICONDUCTOR DEVICES							
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE P	PUBLICATION FEE		EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		. \$300	\$1	700	06/12/2006
EXAMINER		ART UNI	T C	LASS-SUBCLASS	_		
STEVENS, THOMAS H 2123 703-006000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Finnegan, Henderson.  2Farabow, Garrett & 3Dunner, L.L.P.				w, Garrett &
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Kabushiki Kaisha Toshiba Kawasaki-shi, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are  X Issue Fee  X Publication Fee (No s  X Advance Order - # o	small entity discount permitte	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).					
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Authorized Signature	Richard . But		95/39/6 Date 91 FC: Reg 92 a Cor 13 FC:	2506 ABEXEN	72 00000067 06 31,744	7 09912398 1488.88 OP 380.88 OP	
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